# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
SOUTH TEXAS RADIOLOGY GROUP P.A. CASH BALANCE PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 07/01/2021

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
SOUTH TEXAS RADIOLOGY GROUP P.A.

9901 IH-10 WEST, SUITE 905
SAN ANTONIO, TX 78230

**2b** Employer Identification Number (EIN)
74-1671142

**2c** Plan Sponsor's telephone number
210-918-6368

**2d** Business code (see instructions)
621111

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/15/2026 | WILLIAM H. ZIEMKE |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address [X] Same as Plan Sponsor

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**c** Plan Name

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 121 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 112 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 107 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 15 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 122 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 122 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1C

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

**A** Name of plan
SOUTH TEXAS RADIOLOGY GROUP P.A. CASH BALANCE PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SOUTH TEXAS RADIOLOGY GROUP P.A.

**D** Employer Identification Number (EIN)
74-1671142

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2025

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 18407835 |
| **b** Actuarial value | **2b** | 18407835 |

**3** Funding target/participant count breakdown

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | 0 | 0 | 0 |
| **b** For terminated vested participants | 9 | 155953 | 155953 |
| **c** For active participants | 112 | 13997112 | 13997112 |
| **d** Total | 121 | 14153065 | 14153065 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | |

| | | |
|---|---|---|
| **5** Effective interest rate | **5** | 5.29 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 3363407 |
| **b** Expected plan-related expenses | **6b** | 0 |
| **c** Target normal cost | **6c** | 3363407 |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN HERE**

Signature of actuary

10/06/2026
Date

JASON CONKEY
Type or print name of actuary

26-08458
Most recent enrollment number

SCHWAB RETIREMENT PLAN SERVICES
Firm name

737-900-3705
Telephone number (including area code)

4150 KINROSS LAKES PARKWAY
RICHFIELD, OH 44286
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 6.03 % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 3065965 |
| b(1) | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.07 % | | 155444 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 3221409 |
| d | Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 130.06 % |
| 15 | Adjusted funding target attainment percentage | 15 | 130.06 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 130.48 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 01/31/2025 | 299459 | 0 | 07/31/2025 | 311207 | 0 |
| 02/28/2025 | 304257 | 0 | 08/29/2025 | 333776 | 0 |
| 03/31/2025 | 306534 | 0 | 09/30/2025 | 366154 | 0 |
| 05/02/2025 | 318562 | 0 | 10/31/2025 | 302819 | 0 |
| 05/30/2025 | 311312 | 0 | 11/26/2025 | 273201 | 0 |
| 06/27/2025 | 337061 | 0 | 12/29/2025 | 546407 | 0 |
| | | | Totals ► 18(b) | 4153749 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| a | Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 4031792 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| | | | |

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | | |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | | |
| 9 | Amount remaining (line 7 minus line 8) | | |
| 10 | Interest on line 9 using prior year's actual return of _____% | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | |
| | **b(1)** Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____% | | |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | |
| | **d** Portion of (c) to be added to prefunding balance | | |
| 12 | Other reductions in balances due to elections or deemed elections | | |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | | |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | % |
| 15 | Adjusted funding target attainment percentage | 15 | % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 02/02/2026 | 143000 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | | 18(c) |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | **a** Contributions allocated toward unpaid minimum required contributions from prior years | 19a | |
| | **b** Contributions made to avoid restrictions adjusted to valuation date. | 19b | |
| | **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | |
| 20 | Quarterly contributions and liquidity shortfalls: | | |
| | **a** Did the plan have a "funding shortfall" for the prior year? | ☐ Yes | ☐ No |
| | **b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | ☐ Yes | ☐ No |
| | **c** If line 20a is "Yes," see instructions and complete the following table as applicable: | | |

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| | | | |

## Part V Assumptions Used to Determine Funding Target and Target Normal Cost

**21** Discount rate:

| | | | | |
|---|---|---|---|---|
| **a** Segment rates: | 1st segment: 5.00 % | 2nd segment: 5.27 % | 3rd segment: 5.50 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **22** Weighted average retirement age | **22** | 62 |

**23** Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

## Part VI Miscellaneous Items

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

| | | |
|---|---|---|
| **27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | **27** | |

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|---|---|
| **28** Unpaid minimum required contributions for all prior years | **28** | 0 |
| **29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | **29** | 0 |
| **30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | **30** | 0 |

## Part VIII Minimum Required Contribution For Current Year

**31** Target normal cost and excess assets (see instructions):

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 3363407 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 3363407 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ )_and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 0 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 0 | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 4031792 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 4031792 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

## Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
SOUTH TEXAS RADIOLOGY GROUP P.A. CASH BALANCE PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
SOUTH TEXAS RADIOLOGY GROUP P.A.

**D** Employer Identification Number (EIN)
74-1671142

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☐ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
SOUTH TEXAS RADIOLOGY GROUP P.A. CASH BALANCE PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
SOUTH TEXAS RADIOLOGY GROUP P.A.

**D** Employer Identification Number (EIN)
74-1671142

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 3371 | 966 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 143000 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 18404464 | 23604503 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 18407835 | 23748469 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | | |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 18407835 | 23748469 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 4153749 | |
| **(B)** Participants | 2a(1)(B) | | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 4153749 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 61 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 61 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 748408 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 748408 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1196494 |
| c Other income | 2c | | 102953 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 6201665 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 861031 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 861031 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 861031 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 5340634 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

**(1)** [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: WHITELY PENN LLP **(2)** EIN: 75-2393478

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

**(1)** [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 500000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | X | | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 588342.

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

**A** Name of plan
SOUTH TEXAS RADIOLOGY GROUP P.A. CASH BALANCE PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
SOUTH TEXAS RADIOLOGY GROUP P.A.

**D** Employer Identification Number (EIN)
74-1671142

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 82-3967259

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 2

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☒ N/A

**If the plan is a defined benefit plan, go to line 8.**

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

| | | | |
|---|---|---|---|
| 6 | a | Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | 6a | |
| | b | Enter the amount contributed by the employer to the plan for this plan year ..... | 6b | |
| | c | Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | 6c | |

**If you completed line 6c, skip lines 8 and 9.**

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☒ N/A

## Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

## Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

**20** **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

# SOUTH TEXAS RADIOLOGY GROUP P.A.
# CASH BALANCE PENSION PLAN

## FINANCIAL STATEMENTS
## AND SUPPLEMENTAL SCHEDULES

**Years Ended December 31, 2025 and 2024**
**with Report of Independent Auditors**

**SOUTH TEXAS RADIOLOGY GROUP P.A.**
**CASH BALANCE PENSION PLAN**

**FINANCIAL STATEMENTS**
**AND SUPPLEMENTAL SCHEDULES**

**Years Ended December 31, 2025 and 2024**

## Table of Contents


Report of Independent Auditors ..... 1

Financial Statements:

Statements of Net Assets Available for Benefits ..... 5

Statements of Changes in Net Assets Available for Benefits ..... 6

Statement of Accumulated Plan Benefits – December 31, 2024 ..... 7

Statement of Changes in Accumulated Plan Benefits – Year Ended December 31, 2024 ..... 8

Notes to the Financial Statements ..... 9

Supplemental Schedules:

Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) ..... 17

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions ..... 18

whitleypenn

San Antonio Office
11503 NW Military Hwy
Suite 225
San Antonio, Texas 78231
210 614 2284 Main

whitleypenn.com

# REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator and Committee of
South Texas Radiology Group P.A. Cash Balance Pension Plan

## Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of South Texas Radiology Group P.A. Cash Balance Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note E to the financial statements, is complete and accurate.

## Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

**Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

**Other Matter – Supplemental Schedules Required by ERISA**

The supplemental schedules of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 and Form 5500, Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Whitley Penn LLP

San Antonio, Texas
October 9, 2026

**SOUTH TEXAS RADIOLOGY GROUP P.A.**
**CASH BALANCE PENSION PLAN**

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31, 2025 | December 31, 2024 |
|---|---|---|
| **Assets** | | |
| Non-Interest bearing cash | $ 966 | $ 3,371 |
| Investments, at fair value | 23,604,503 | 18,404,464 |
| Receivables: | | |
| Employer contribution | 143,000 | - |
| Total receivables | 143,000 | - |
| Total assets | 23,748,469 | 18,407,835 |
| Net assets available for benefits | $ 23,748,469 | $ 18,407,835 |

See accompanying notes to the financial statements.

**SOUTH TEXAS RADIOLOGY GROUP P.A.**
**CASH BALANCE PENSION PLAN**

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| | Year Ended December 31, 2025 | 2024 |
|---|---|---|
| **Additions to Net Assets** | | |
| Investment income: | | |
| Net realized and unrealized gains on investments | $ 1,299,447 | $ 352,920 |
| Interest and dividends | 748,469 | 554,804 |
| Total investment income | 2,047,916 | 907,724 |
| Employer contributions | 4,153,749 | 4,527,030 |
| Total additions to net assets | 6,201,665 | 5,434,754 |
| **Deductions from Net Assets** | | |
| Benefits paid to participants | 861,031 | 301,505 |
| Administrative expenses | - | 900 |
| Total deductions from net assets | 861,031 | 302,405 |
| Net increase in net assets available for benefits | 5,340,634 | 5,132,349 |
| Net assets available for benefits at beginning of year | 18,407,835 | 13,275,486 |
| Net assets available for benefits at end of year | $ 23,748,469 | $ 18,407,835 |

See accompanying notes to the financial statements.

**SOUTH TEXAS RADIOLOGY GROUP P.A.**
**CASH BALANCE PENSION PLAN**

## STATEMENT OF ACCUMULATED PLAN BENEFITS

**December 31, 2024**

| | |
|---|---|
| Actuarial present value of accumulated plan benefits | |
| Vested benefits: | |
| Other participants | $ 18,423,074 |
| Total actuarial present value of accumulated plan benefits | $ 18,423,074 |

See accompanying notes to the financial statements.

**SOUTH TEXAS RADIOLOGY GROUP P.A.**
**CASH BALANCE PENSION PLAN**

## STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

**Year Ended December 31, 2024**

| | |
|---|---|
| Actuarial present value of accumulated plan benefits at beginning of year | $ 13,290,846 |
| Increase (decrease) during the year attributable to: | |
| Benefits paid to participants | (301,505) |
| Benefits accumulated and actuarial gains and losses | 5,249,772 |
| Increase for interest | 183,961 |
| Net increase | 5,132,228 |
| Actuarial present value of accumulated plan benefits at end of year | $ 18,423,074 |

See accompanying notes to the financial statements.

**SOUTH TEXAS RADIOLOGY GROUP P.A.**
**CASH BALANCE PENSION PLAN**

**NOTES TO THE FINANCIAL STATEMENTS**

**December 31, 2025 and 2024**

## A. Description of the Plan

The following brief description of the South Texas Radiology Group P.A. Cash Balance Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is sponsored by South Texas Radiology Group P.A. (the "Company" or "Plan Sponsor"). The Company's corporate offices are located in San Antonio, Texas.

### General

South Texas Radiology Group P.A. adopted the Plan on January 1, 2021. The Plan is a cash balance defined benefit pension plan available to all employees of the Company, except for those employees covered by a collective bargaining agreement, leased employees and Physicians and Executive officers who are not listed on Appendix A in the Plan Document. Participation is available for all eligible employees who are at least age 21 and have completed one year of service as defined by Plan documents. The Plan provides for the payment of retirement benefits pursuant to its benefit provisions. The Plan is subject to the provisions of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and applicable provisions of the Internal Revenue Code ("Code"). All investments are non-participant directed.

### Contributions (Funding Policy)

A notional account ("Cash Balance Account") is maintained for each participant in the Plan. A participant's Cash Balance Account is credited with "Compensation Credits" and "Interest Credits", as defined in the Plan documents. The Plan's actuary determines the actual contribution required of the Employer in order for the Plan to satisfy the Plan's benefit obligations which are based on such Credits. The Company's funding policy is to make annual contributions to the Plan in amounts as determined by the actuary that are estimated to provide for the required employee's pension benefits. The annual contributions are to equal or exceed the amount required by the "minimum funding standard" of the IRC Section 412. The Plan has met the minimum funding requirements for ERISA for the Plan years ended December 31, 2025 and 2024. The Employer funded $4,010,749 and $4,527,030 to the Plan for the years ending December 31, 2025 and 2024, respectively.

Under the Plan provisions, amounts are credited by the Plan Sponsor to the participants' hypothetical accounts. The hypothetical account is a theoretical account that is maintained for each participant and is the sum of (1) Compensation Credit – determined by multiplying the participant's eligible compensation times the rate described in the Plan Document that corresponds with their assigned participant group and (2) Interest Credit – determined by multiplying the dollar amount of their hypothetical account as of the beginning of the plan year, less distributions taken during the year, by the actual rate of return on Plan assets with an annual limit of 6%. Interest credits totaled gains of $2,047,916 and $907,724 for the years ended 2025 and 2024, respectively.

## A. Description of the Plan – continued

### Administration of the Plan

The Plan Executive Committee is a committee appointed by the Company that serves as a fiduciary of the Plan. The Plan Executive Committee has general responsibility for the administration and interpretation of the Plan including the appropriateness of the Plan's investment offerings and monitoring the Plan's investment performance.

### Vesting

In order for a participant to receive a cash balance credit during a year, a participant must complete 1,000 hours of service during the plan year. In the year of termination, a participant shall be allocated a cash balance credit for each month of that plan year prior to the month of termination of employment at a rate equal to (1/12) of the participant's annual cash balance crediting rate. Participant accounts are 100% vested at all times per the Plan Document.

### Retirement Benefits

Benefits are determined based on the participant's hypothetical account balance. Plan participants are eligible for their plan benefit after terminating employment or the attainment of the normal retirement age of 62. Participants have the option of receiving their benefits in the form of a one-time lump sum payment or a monthly annuity payable for their lifetime.

Participants are eligible for in-service distributions upon attaining the age of 59 ½. In-service distributions are restricted to only one withdrawal per Plan year and must be of the entire balance of the Participant's cash balance account as of December 31 preceding the withdrawal.

### Death and Disability Benefits

If an active employee dies while still employed by the Company, a death benefit equal to the current value of the Participant's cash balance account will be paid to the participant's beneficiary. Active vested employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they would have accumulated if employment had continued uninterrupted until age 62.

## B. Summary of Significant Accounting Policies

### Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

## B. Summary of Significant Accounting Policies – continued

### Use of Estimates

The preparation of the financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates. Significant estimates include the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein.

### Investment Valuation and Income

The investments of the Plan are stated at fair value as of the end of the year and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with GAAP, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about assets and liabilities measured at fair value. See Note C for information related to the Plan's valuation methodologies.

Investment gains and losses are accounted for using the average cost basis of the securities sold. The net realized and unrealized gains and losses on investments include realized gains and losses on sales of investments during the year and unrealized increases or decreases in the market value of investments held at year end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

### Payment of Benefits

Benefits are recorded when paid.

### Plan Expenses

Employees of the Company perform certain administrative functions with no compensation from the Plan. Certain Plan expenses are charged to the Company and are excluded from these financial statements. Other expenses are charged directly against Plan assets in accordance with the custodian and trustee fee schedules.

## C. Fair Value Measurements

GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value. The three levels defined are as follows:

- Level 1 – observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.

## C. Fair Value Measurements – continued

- Level 2 – observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.

- Level 3 – inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

GAAP requires that management describe the methodologies used to measure the fair value of assets and liabilities. The methodologies used to measure the fair value of the Plan's investments are as follows:

- Mutual funds are valued at the published per share net asset value ("NAV") of shares held by the Plan and are classified within Level 1 of the valuation hierarchy. There are no significant restrictions on redeeming these investments at NAV.

There have been no changes in the methodologies used at December 31, 2025 and 2024. The following table details the Plan's investments at fair value by level, within the fair value hierarchy, as of December 31, 2025 and 2024. The Plan has no assets classified within Level 2 or Level 3 of the valuation hierarchy.

| | Level 1 Inputs | Level 2 Inputs | Level 3 Inputs | Total Fair Value |
|---|---|---|---|---|
| **December 31, 2025** | | | | |
| Mutual funds | $ 23,604,503 | $ - | $ - | $ 23,604,503 |
| Total investments at fair value | $ 23,604,503 | $ - | $ - | $ 23,604,503 |
| December 31, 2024 | | | | |
| Mutual funds | $ 18,404,464 | $ - | $ - | $ 18,404,464 |
| Total investments at fair value | $ 18,404,464 | $ - | $ - | $ 18,404,464 |

These items are classified in their entirety based on the lowest priority level of input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the placement of assets and liabilities within the levels of the fair value hierarchy. For the years ended December 31, 2025 and 2024, there were no transfers between levels.

## D. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary using a January 1 measurement date and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used to determine the actuarial present value of accumulated plan benefits, were as follows:

*January 1, 2025*

| | |
|---|---|
| Investment returns | 1.40% |
| Weighted average discount rate | 1.40% |
| Retirement age assumption | 62 years old |

*January 1, 2024*

| | |
|---|---|
| Investment returns | 1.40% |
| Weighted average discount rate | 1.40% |
| Retirement age assumption | 62 years old |

For 2025 and 2024, disability, termination, and retirement rates are based on published statistical data and anticipated experience under the Plan. Benefits accumulated, including actuarial adjustments, include the effects of actuarial experience gains and losses.

The actuarial assumptions are based on the presumption that the Plan will continue. If the Company chooses to terminate the Plan, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would be no material differences.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

## E. Certified Investment Information

Certain information in the accompanying financial statements and ERISA-required supplemental schedules related to investments held as of December 31, 2025 and 2024, net realized and unrealized gains on investments, and interest and dividends for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Charles Schwab Trust Bank (the "Trustee/Custodian"), a qualified institution.

## F. Tax Status

The Plan obtained its latest determination letter on May 16, 2023 in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Company believes that the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## G. Plan Termination

While the Company has not expressed any intent to discontinue its contributions, it is free to do so at any time, subject to the requirements of ERISA. If the Plan is terminated, net assets of the Plan would be distributed to participants and beneficiaries in an order of priority as prescribed by the Plan, subject to the requirements of ERISA. If such discontinuance results in the termination of the Plan, the net assets may not be sufficient to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

## H. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

## I. Parties-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons. The Plan's trustee provides certain administrative services for the Plan. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules. The Plan invests in shares of mutual funds and money market funds managed by the Trustee. Transactions in such investments, qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

## J. Reconciliation of Financial Statements to Form 5500

The net assets available for benefits and the changes in net assets available for benefits per the financial statements reconciled to Schedule H of Form 5500 without a difference as of and for the years ended December 31, 2025 and 2024.

## K. Subsequent Events

In preparing the accompanying financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through October 9, 2026, the date the financial statements were available for issuance.

# SUPPLEMENTAL SCHEDULES

**SOUTH TEXAS RADIOLOGY GROUP P.A.**
**CASH BALANCE PENSION PLAN**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2025**

**EIN: 74-1671142**
**Plan #: 002**

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | **Mutual Funds** | | | |
| | Artisan | High Income FD Institutional | $ 835,400 | $ 836,865 |
| | Baird | Aggregate BD Inst | 4,354,044 | 4,367,586 |
| | Blackrock | Strat Income Opportunity Port Inst | 3,486,498 | 3,560,234 |
| | Cohen & Steers | Realty Instl Shares Fund | 459,273 | 468,472 |
| | Conestoga | Small Cap Inst | 287,825 | 272,740 |
| | Dodge & Cox | Intl Stock Fund | 657,239 | 882,833 |
| | DWS | RREEF Real Assets Fund Inst | 881,288 | 943,253 |
| | GQG Partners | Emerging Markets Equity Fund | 371,868 | 417,067 |
| | Harbor Core | Bond Retirement | 4,324,257 | 4,365,158 |
| | Hotchkis & Wiley | Small Cap Div Val I | 275,386 | 280,773 |
| | PIMCO | RAE Emerging Markets Inst | 353,905 | 413,926 |
| | WCM | Focused International Growth Inst | 830,795 | 889,647 |
| * | Charles Schwab | Government Money Market Fund | 1,448,139 | 1,448,139 |
| * | Charles Schwab | S&P 500 Index Fund- Select S | 2,124,546 | 2,934,376 |
| * | Charles Schwab | Treas Inflat Prot SEC IDX Fund | 702,735 | 707,584 |
| * | Charles Schwab | US Mid Cap Index Fund | 665,481 | 815,850 |
| | | Total mutuals funds | 22,058,679 | 23,604,503 |
| | | Total investments | $ 22,058,679 | $ 23,604,503 |

* A party-in interest as defined by ERISA

See report of independent auditors.

**SOUTH TEXAS RADIOLOGY GROUP P.A.**
**CASH BALANCE PENSION PLAN**

**FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**

**Year Ended December 31, 2025**

**EIN: 74-1671142**
**Plan #: 002**

| (a) Identity of Party | (b) Description of Asset | Number of Purchase Transactions | (c) Purchase Price | Number of Sell Transactions | (d) Selling Price | (g) Cost of Assets | (h) Current Value of Asset on Transaction Date | (i) Net Gain (Loss) |
|---|---|---|---|---|---|---|---|---|
| Category (i) - Individual transactions in excess of 5% of beginning of year Plan assets: | | | | | | | | |
| Blackrock | Strat Income Opportunity Port Inst | 1 | $ 1,040,000 | 0 | $ - | $ - | $ 1,040,000 | $ - |
| Category (iii) - Series of securities transactions in excess of 5% of beginning of year Plan assets: | | | | | | | | |
| Baird | Aggregate BD Inst | 22 | $ 1,125,531 | 0 | $ - | $ - | $ 1,125,531 | $ - |
| Blackrock | Strat Income Opportunity Port Inst | 22 | $ 1,946,123 | 0 | $ - | $ - | $ 1,946,123 | $ - |
| Harbor Core | Bond Retirement | 21 | $ 1,155,339 | 0 | $ - | $ - | $ 1,155,339 | $ - |

* A party-in-interest as defined by ERISA

Columns (e) and (f) are not applicable

There were no category (ii) and (iv) reportable transactions during the year ended December 31, 2025

See report of independent auditors.

## Schedule SB, line 26a – Schedule of Active Participant Data

**Age Versus Service Distribution for Active Plan Participants:**

| | under 1 | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | over 40 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| under 25 | - | - | - | - | - | - | - | - | - | - | - |
| 25 to 29 | - | 1 | - | - | - | - | - | - | - | - | 1 |
| 30 to 34 | - | 4 | 1 | - | - | - | - | - | - | - | 5 |
| 35 to 39 | - | 6 | 9 | 2 | - | - | - | - | - | - | 17 |
| 40 to 44 | - | 4 | 8 | 2 | 1 | - | - | - | - | - | 15 |
| 45 to 49 | - | 6 | 4 | 7 | 2 | - | - | - | - | - | 19 |
| 50 to 54 | - | 1 | - | 2 | 4 | 5 | 1 | - | - | - | 13 |
| 55 to 59 | - | 2 | 2 | 1 | 6 | 5 | - | - | - | - | 16 |
| 60 to 64 | - | 2 | 4 | 1 | 2 | 4 | 4 | - | - | - | 17 |
| 65 to 69 | - | 2 | - | - | 2 | - | 2 | 1 | - | - | 7 |
| over 70 | - | - | - | 1 | 1 | - | - | - | - | - | 2 |
| Total | - | 28 | 28 | 16 | 18 | 14 | 7 | 1 | - | - | 112 |

Service for the active age versus service chart above is based on credited service.

## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

**A summary of the actuarial methods and assumptions used in the valuation is presented below:**

**Funding Methods**

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Asset Method – The actuarial value of assets equals the market value of assets plus discounted receivable contributions.

**Participant Data:**

Participant Data – Participant census data was provided by the Plan Sponsor as of January 1, 2025.

**Actuarial Assumptions**

Discount Rates for Funding – The assumed discount rates on benefits paid in the future are based on the IRS prescribed January 2025 PPA Segment rates, reflecting the funding stabilization under ARPA:

| Segment | Rate | Applicable to benefit payments made: |
|---|---|---|
| 1 | 5.00% | During first 5 years from the valuation date |
| 2 | 5.27% | During years 6-20 from the valuation date |
| 3 | 5.50% | During year 21 and beyond from the valuation date |

Mortality – The 2025 Static Optional Small Plan Combined Mortality Table as prescribed by the IRS with zero pre-retirement mortality.

Withdrawal Rates – The select & ultimate table from the 2003 Society of Actuaries (SOA) Pension Plan Turnover Study.

Disability – None assumed.

Interest Crediting Rate – The Interest Crediting Rate for future years is assumed to be 1.4%.

Assumed Form of Payment – Participants are assumed to elect a lump sum upon retirement, termination, or death.

## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Retirement Rates – All Participants are assumed to commence their benefit at age 62:

| Age | Rate |
|---|---|
| 62 | 100.0% |

Compensation – Compensation for 2024 was provided by the Plan Sponsor.

Administrative Expenses

No administrative expense is expected to be paid from the invested plan assets.

**SOUTH TEXAS RADIOLOGY GROUP P.A.**
**CASH BALANCE PENSION PLAN**

**FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**

**Year Ended December 31, 2025**

**EIN: 74-1671142**
**Plan #: 002**

| (a) Identity of Party | (b) Description of Asset | Number of Purchase Transactions | (c) Purchase Price | Number of Sell Transactions | (d) Selling Price | (g) Cost of Assets | (h) Current Value of Asset on Transaction Date | (i) Net Gain (Loss) |
|---|---|---|---|---|---|---|---|---|
| Category (i) - Individual transactions in excess of 5% of beginning of year Plan assets: | | | | | | | | |
| Blackrock | Strat Income Opportunity Port Inst | 1 | $ 1,040,000 | 0 | $ - | $ - | $ 1,040,000 | $ - |
| Category (iii) - Series of securities transactions in excess of 5% of beginning of year Plan assets: | | | | | | | | |
| Baird | Aggregate BD Inst | 22 | $ 1,125,531 | 0 | $ - | $ - | $ 1,125,531 | $ - |
| Blackrock | Strat Income Opportunity Port Inst | 22 | $ 1,946,123 | 0 | $ - | $ - | $ 1,946,123 | $ - |
| Harbor Core | Bond Retirement | 21 | $ 1,155,339 | 0 | $ - | $ - | $ 1,155,339 | $ - |

* A party-in-interest as defined by ERISA

Columns (e) and (f) are not applicable

There were no category (ii) and (iv) reportable transactions during the year ended December 31, 2025

See report of independent auditors.

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

**A** Name of plan
SOUTH TEXAS RADIOLOGY GROUP P.A. CASH BALANCE PENSION PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SOUTH TEXAS RADIOLOGY GROUP P.A.

**D** Employer Identification Number (EIN)
74-1671142

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

## Part I Basic Information

| | | | | |
|---|---|---|---|---|
| 1 | Enter the valuation date: Month 01 Day 01 Year 2025 | | | |
| 2 | Assets: | | | |
| | a Market value | 2a | 18407835 | |
| | b Actuarial value | 2b | 18407835 | |

| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| a For retired participants and beneficiaries receiving payment | 0 | 0 | 0 |
| b For terminated vested participants | 9 | 155953 | 155953 |
| c For active participants | 112 | 13997112 | 13997112 |
| d Total | 121 | 14153065 | 14153065 |

| | | | | |
|---|---|---|---|---|
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ] | | | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a | | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | |
| 5 | Effective interest rate | 5 | 5.29 | % |
| 6 | Target normal cost | | | |
| | a Present value of current plan year accruals | 6a | 3363407 | |
| | b Expected plan-related expenses | 6b | 0 | |
| | c Target normal cost | 6c | 3363407 | |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN HERE**

| | |
|---|---|
| Signature of actuary | Date: 10/06/2026 |
| Jason Conkey | 26-08458 |
| Type or print name of actuary | Most recent enrollment number |
| Schwab Retirement Plan Services | (737) 900-3705 |
| Firm name | Telephone number (including area code) |
| 4150 Kinross Lakes Parkway<br>Richfield, OH 44286 | |
| Address of the firm | |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of 6.03 % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 3065965 |
| | **b(1)** Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.07 % | | 155444 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 3221409 |
| | **d** Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 130.06 % |
| 15 | Adjusted funding target attainment percentage | 15 | 130.06 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 130.48 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 01-31-2025 | 299459 | 0 | 07-31-2025 | 311207 | 0 |
| 02-28-2025 | 304257 | 0 | 08-29-2025 | 333776 | 0 |
| 03-31-2025 | 306534 | 0 | 09-30-2025 | 366154 | 0 |
| 05-02-2025 | 318562 | 0 | 10-31-2025 | 302819 | 0 |
| 05-30-2025 | 311312 | 0 | 11-26-2025 | 273201 | 0 |
| 06-27-2025 | 337061 | 0 | 12-29-2025 | 546407 | 0 |
| | | | Totals ► 18(b) | 4153749 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | **a** Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| | **b** Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 4031792 |

20 Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| | | | |

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | | |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | | |
| 9 | Amount remaining (line 7 minus line 8) | | |
| 10 | Interest on line 9 using prior year's actual return of _____% | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | |
| | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____% | | |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | |
| | c Total available at beginning of current plan year to add to prefunding balance | | |
| | d Portion of (c) to be added to prefunding balance | | |
| 12 | Other reductions in balances due to elections or deemed elections | | |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | | |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | % |
| 15 | Adjusted funding target attainment percentage | 15 | % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 02-02-2026 | 143000 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ▶ 18(b) | | 18(c) |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b | |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| | | | |

## Part V Assumptions Used to Determine Funding Target and Target Normal Cost

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 5.00 % | 5.27 % | 5.50 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **22** Weighted average retirement age | **22** | 62 |

**23** Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

## Part VI Miscellaneous Items

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

| | | |
|---|---|---|
| **27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment | **27** | |

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|---|---|---|
| **28** Unpaid minimum required contributions for all prior years | **28** | 0 |
| **29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | **29** | 0 |
| **30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | **30** | 0 |

## Part VIII Minimum Required Contribution For Current Year

**31** Target normal cost and excess assets (see instructions):

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 3363407 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 3363407 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 0 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 0 | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 4031792 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 4031792 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 0 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

## Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

**South Texas Radiology Group P.A.**
**Cash Balance Pension Plan and Trust**
EIN/ PN 74 – 1671142/ 002

## Schedule SB, line 19 – Discounted Employer Contributions

| | |
|---|---|
| Valuation Date | 1/1/2025 |
| Effective Interest Rate | 5.29% |

| Actual Contribution Date | Actual Contribution Amount | Discounted Contribution Amount | Plan Year to Which the Contribution Is Applied |
|---|---|---|---|
| 1/31/2025 | $299,459 | $298,193 | 2025 |
| 2/28/2025 | $304,257 | $301,775 | 2025 |
| 3/31/2025 | $306,534 | $302,705 | 2025 |
| 5/2/2025 | $318,562 | $313,164 | 2025 |
| 5/30/2025 | $311,312 | $304,830 | 2025 |
| 6/27/2025 | $337,061 | $328,740 | 2025 |
| 7/31/2025 | $311,207 | $302,070 | 2025 |
| 8/29/2025 | $333,776 | $322,652 | 2025 |
| 9/30/2025 | $366,154 | $352,355 | 2025 |
| 10/31/2025 | $302,819 | $290,134 | 2025 |
| 11/26/2025 | $273,201 | $260,797 | 2025 |
| 12/29/2025 | $546,407 | $519,174 | 2025 |
| 2/2/2026 | $143,000 | $135,203 | 2025 |
| Total | $4,153,749 | $4,031,792 | |

**South Texas Radiology Group P.A.**
**Cash Balance Pension Plan and Trust**
EIN/ PN 74 – 1671142/ 002

## Schedule SB, line 22 – Description of Weighted Average Retirement Age

All participants are assumed to commence their benefit at age 62.

**South Texas Radiology Group P.A.**
**Cash Balance Pension Plan and Trust**
EIN/ PN 74 – 1671142/ 002

## Schedule SB, line 26a – Schedule of Active Participant Data

**Age Versus Service Distribution for Active Plan Participants:**

| | under 1 | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | over 40 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| under 25 | - | - | - | - | - | - | - | - | - | - | - |
| 25 to 29 | - | 1 | - | - | - | - | - | - | - | - | 1 |
| 30 to 34 | - | 4 | 1 | - | - | - | - | - | - | - | 5 |
| 35 to 39 | - | 6 | 9 | 2 | - | - | - | - | - | - | 17 |
| 40 to 44 | - | 4 | 8 | 2 | 1 | - | - | - | - | - | 15 |
| 45 to 49 | - | 6 | 4 | 7 | 2 | - | - | - | - | - | 19 |
| 50 to 54 | - | 1 | - | 2 | 4 | 5 | 1 | - | - | - | 13 |
| 55 to 59 | - | 2 | 2 | 1 | 6 | 5 | - | - | - | - | 16 |
| 60 to 64 | - | 2 | 4 | 1 | 2 | 4 | 4 | - | - | - | 17 |
| 65 to 69 | - | 2 | - | - | 2 | - | 2 | 1 | - | - | 7 |
| over 70 | - | - | - | 1 | 1 | - | - | - | - | - | 2 |
| Total | - | 28 | 28 | 16 | 18 | 14 | 7 | 1 | - | - | 112 |

Service for the active age versus service chart above is based on credited service.

## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

**A summary of the actuarial methods and assumptions used in the valuation is presented below:**

**Funding Methods**

Cost Method – The actuarial cost method used in this report for determining ERISA contributions is the unit credit method as defined by the Pension Protection Act of 2006.

Asset Method – The actuarial value of assets equals the market value of assets plus discounted receivable contributions.

**Participant Data:**

Participant Data – Participant census data was provided by the Plan Sponsor as of January 1, 2025.

**Actuarial Assumptions**

Discount Rates for Funding – The assumed discount rates on benefits paid in the future are based on the IRS prescribed January 2025 PPA Segment rates, reflecting the funding stabilization under ARPA:

| Segment | Rate | Applicable to benefit payments made: |
|---|---|---|
| 1 | 5.00% | During first 5 years from the valuation date |
| 2 | 5.27% | During years 6-20 from the valuation date |
| 3 | 5.50% | During year 21 and beyond from the valuation date |

Mortality – The 2025 Static Optional Small Plan Combined Mortality Table as prescribed by the IRS with zero pre-retirement mortality.

Withdrawal Rates – The select & ultimate table from the 2003 Society of Actuaries (SOA) Pension Plan Turnover Study.

Disability – None assumed.

Interest Crediting Rate – The Interest Crediting Rate for future years is assumed to be 1.4%.

Assumed Form of Payment – Participants are assumed to elect a lump sum upon retirement, termination, or death.

## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Retirement Rates – All Participants are assumed to commence their benefit at age 62:

| Age | Rate |
|---|---|
| 62 | 100.0% |

Compensation – Compensation for 2024 was provided by the Plan Sponsor.

Administrative Expenses

No administrative expense is expected to be paid from the invested plan assets.

## Schedule SB, Part V – Summary of Plan Provisions

**A summary of the major plan provisions used in the valuation is presented below:**

**Definitions:**

Effective Date – The Plan was established July 1, 2021 and amended effective December 31, 2024.

Employer – South Texas Radiology Group P.A.

Plan Year – The calendar year.

Vesting Benefit Accruals – In order for a Participant to receive a Cash Balance Credit during a year, the Participant must be credited with 1,000 hours. Vesting of Accrued Benefits is 100% and immediate upon plan entry. It is assumed, however, that if a Participant works 1 hour in a month, then the Participant will be credited with 190 hours for that month, regardless of how many hours the Participant actually worked.

Eligibility – An employee shall become a Participant on the January 1 or July 1 following the first anniversary of the Employee's Employment Commencement Date. The minimum age requirement is 21. Excludes:

i. Covered under a collective bargaining agreement
ii. Leased employees
iii. Physicians and Executive Officers not listed in Appendix A

Normal Retirement Age – The Participant's 62nd birthday.

Accrued Benefit – Shall be equal to such Participant's accumulated Cash Balance Account.

**Contributions:**

Employer – The Plan Sponsor may from time to time, at its sole discretion, make additional contributions to the Plan in excess of the minimum funding requirements. Plan contributions will be deposited to the Plan's trust account during the year in accordance with the governing regulations. The timing of such deposits will be no later than the applicable regulatory deadlines.

Employee – No employee shall be permitted to contribute to the Plan.

## Schedule SB, Part V – Summary of Plan Provisions (continued)

**Accumulated Benefit:**

Accumulation Account – Hypothetical account established for each Participant. Each Plan Year, the account is credited with the Participant's Hypothetical Contribution in accordance with the Plan. Account accumulates earnings based on the actual rate of return (net of expenses) on aggregate plan assets for such period, including both positive and negative rates of return, not exceeding 6% over the life of the plan.

Cash Balance Credit – The Cash Balance Credit amount is 3% of Compensation unless otherwise specified in Appendix A of the Plan Document. Appendix A is periodically amended to reflect Participants who entered the Plan, left active employment and whose Hypothetical Employer Contribution amount changed from the prior year.

Value of Cash Balance Account – The value of a Participant's Cash Balance account is determined by crediting the account with Cash Balance Credits and Interest Credits based upon plan's interest crediting rate, as described below:

i. The Cash Balance Credit for a Plan Year shall be deemed to be credited in accordance with the Plan Sponsor's discretion.
ii. Interest Credits shall be credited by assuming the interest is compounded annually and is credited once a year as of the last day of the Plan Year.
iii. In the event of a distribution from the accumulation account during an interest crediting period, earnings for such interest crediting period will be credited through the end of month prior to the month of distribution.

Interest Crediting Period – Interest is once a Plan Year, on the last day of the Plan Year. Earnings are credited to a Cash Balance Account as of the last day of an Interest Crediting Period.

Accumulation Interest Rate – Actual rate of return is determined and credited on an annual basis. The cumulative interest rate cannot exceed 6%. For Participants who terminate and elect a distribution, Interest Credits are granted through the end of the month prior to date of distribution.

Normal Form of Payment – Single Life Annuity. Optional forms of benefits include single sum and annuities.

## Schedule SB, Part V – Summary of Plan Provisions (continued)

**Retirement Benefits:**

Benefit Amounts – Cash Balance Account or the Actuarial Equivalent payable as an annuity, subject to IRS maximum limitations.

Form of Payment – Life annuity. Actuarially Equivalent optional forms are also available, including lump sum options.

Normal Retirement Date – The Participant's Normal Retirement Age.

Vested Termination Benefit – Termination of employment after earning a non-forfeitable interest in the Accumulated Benefit.

Death Benefit – Participant's spouse or beneficiary shall be entitled to a death benefit based upon the Participant's Accumulated Benefit, if the Participant dies prior to his or her Annuity Starting Date.

Disability Benefit – Actuarial Equivalent value of accrued pension.

In-Service Distribution – Allowed at or after age 59 ½.

**Changes Since Last Valuation:**

The plan was amended to add benefits for newly hired physicians.

**South Texas Radiology Group P.A.**
**Cash Balance Pension Plan and Trust**
EIN/ PN 74 – 1671142/ 002

## Schedule SB, line 19 – Discounted Employer Contributions

| | |
|---|---|
| Valuation Date | 1/1/2025 |
| Effective Interest Rate | 5.29% |

| Actual Contribution Date | Actual Contribution Amount | Discounted Contribution Amount | Plan Year to Which the Contribution Is Applied |
|---|---|---|---|
| 1/31/2025 | $299,459 | $298,193 | 2025 |
| 2/28/2025 | $304,257 | $301,775 | 2025 |
| 3/31/2025 | $306,534 | $302,705 | 2025 |
| 5/2/2025 | $318,562 | $313,164 | 2025 |
| 5/30/2025 | $311,312 | $304,830 | 2025 |
| 6/27/2025 | $337,061 | $328,740 | 2025 |
| 7/31/2025 | $311,207 | $302,070 | 2025 |
| 8/29/2025 | $333,776 | $322,652 | 2025 |
| 9/30/2025 | $366,154 | $352,355 | 2025 |
| 10/31/2025 | $302,819 | $290,134 | 2025 |
| 11/26/2025 | $273,201 | $260,797 | 2025 |
| 12/29/2025 | $546,407 | $519,174 | 2025 |
| 2/2/2026 | $143,000 | $135,203 | 2025 |
| Total | $4,153,749 | $4,031,792 | |

## Schedule SB, line 22 – Description of Weighted Average Retirement Age

All participants are assumed to commence their benefit at age 62.

## Schedule SB, Part V – Summary of Plan Provisions

**A summary of the major plan provisions used in the valuation is presented below:**

**Definitions:**

Effective Date – The Plan was established July 1, 2021 and amended effective December 31, 2024.

Employer – South Texas Radiology Group P.A.

Plan Year – The calendar year.

Vesting Benefit Accruals – In order for a Participant to receive a Cash Balance Credit during a year, the Participant must be credited with 1,000 hours. Vesting of Accrued Benefits is 100% and immediate upon plan entry. It is assumed, however, that if a Participant works 1 hour in a month, then the Participant will be credited with 190 hours for that month, regardless of how many hours the Participant actually worked.

Eligibility – An employee shall become a Participant on the January 1 or July 1 following the first anniversary of the Employee's Employment Commencement Date. The minimum age requirement is 21. Excludes:

i. Covered under a collective bargaining agreement
ii. Leased employees
iii. Physicians and Executive Officers not listed in Appendix A

Normal Retirement Age – The Participant's 62nd birthday.

Accrued Benefit – Shall be equal to such Participant's accumulated Cash Balance Account.

**Contributions:**

Employer – The Plan Sponsor may from time to time, at its sole discretion, make additional contributions to the Plan in excess of the minimum funding requirements. Plan contributions will be deposited to the Plan's trust account during the year in accordance with the governing regulations. The timing of such deposits will be no later than the applicable regulatory deadlines.

Employee – No employee shall be permitted to contribute to the Plan.

## Schedule SB, Part V – Summary of Plan Provisions (continued)

**Accumulated Benefit:**

Accumulation Account – Hypothetical account established for each Participant. Each Plan Year, the account is credited with the Participant's Hypothetical Contribution in accordance with the Plan. Account accumulates earnings based on the actual rate of return (net of expenses) on aggregate plan assets for such period, including both positive and negative rates of return, not exceeding 6% over the life of the plan.

Cash Balance Credit – The Cash Balance Credit amount is 3% of Compensation unless otherwise specified in Appendix A of the Plan Document. Appendix A is periodically amended to reflect Participants who entered the Plan, left active employment and whose Hypothetical Employer Contribution amount changed from the prior year.

Value of Cash Balance Account – The value of a Participant's Cash Balance account is determined by crediting the account with Cash Balance Credits and Interest Credits based upon plan's interest crediting rate, as described below:

i. The Cash Balance Credit for a Plan Year shall be deemed to be credited in accordance with the Plan Sponsor's discretion.
ii. Interest Credits shall be credited by assuming the interest is compounded annually and is credited once a year as of the last day of the Plan Year.
iii. In the event of a distribution from the accumulation account during an interest crediting period, earnings for such interest crediting period will be credited through the end of month prior to the month of distribution.

Interest Crediting Period – Interest is once a Plan Year, on the last day of the Plan Year. Earnings are credited to a Cash Balance Account as of the last day of an Interest Crediting Period.

Accumulation Interest Rate – Actual rate of return is determined and credited on an annual basis. The cumulative interest rate cannot exceed 6%. For Participants who terminate and elect a distribution, Interest Credits are granted through the end of the month prior to date of distribution.

Normal Form of Payment – Single Life Annuity. Optional forms of benefits include single sum and annuities.

## Schedule SB, Part V – Summary of Plan Provisions (continued)

**Retirement Benefits:**

Benefit Amounts – Cash Balance Account or the Actuarial Equivalent payable as an annuity, subject to IRS maximum limitations.

Form of Payment – Life annuity. Actuarially Equivalent optional forms are also available, including lump sum options.

Normal Retirement Date – The Participant's Normal Retirement Age.

Vested Termination Benefit – Termination of employment after earning a non-forfeitable interest in the Accumulated Benefit.

Death Benefit – Participant's spouse or beneficiary shall be entitled to a death benefit based upon the Participant's Accumulated Benefit, if the Participant dies prior to his or her Annuity Starting Date.

Disability Benefit – Actuarial Equivalent value of accrued pension.

In-Service Distribution – Allowed at or after age 59 ½.

**Changes Since Last Valuation:**

The plan was amended to add benefits for newly hired physicians.

**SOUTH TEXAS RADIOLOGY GROUP P.A.**
**CASH BALANCE PENSION PLAN**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2025**

**EIN: 74-1671142**
**Plan #: 002**

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | **Mutual Funds** | | | |
| | Artisan | High Income FD Institutional | $ 835,400 | $ 836,865 |
| | Baird | Aggregate BD Inst | 4,354,044 | 4,367,586 |
| | Blackrock | Strat Income Opportunity Port Inst | 3,486,498 | 3,560,234 |
| | Cohen & Steers | Realty Instl Shares Fund | 459,273 | 468,472 |
| | Conestoga | Small Cap Inst | 287,825 | 272,740 |
| | Dodge & Cox | Intl Stock Fund | 657,239 | 882,833 |
| | DWS | RREEF Real Assets Fund Inst | 881,288 | 943,253 |
| | GQG Partners | Emerging Markets Equity Fund | 371,868 | 417,067 |
| | Harbor Core | Bond Retirement | 4,324,257 | 4,365,158 |
| | Hotchkis & Wiley | Small Cap Div Val I | 275,386 | 280,773 |
| | PIMCO | RAE Emerging Markets Inst | 353,905 | 413,926 |
| | WCM | Focused International Growth Inst | 830,795 | 889,647 |
| * | Charles Schwab | Government Money Market Fund | 1,448,139 | 1,448,139 |
| * | Charles Schwab | S&P 500 Index Fund- Select S | 2,124,546 | 2,934,376 |
| * | Charles Schwab | Treas Inflat Prot SEC IDX Fund | 702,735 | 707,584 |
| * | Charles Schwab | US Mid Cap Index Fund | 665,481 | 815,850 |
| | | Total mutuals funds | 22,058,679 | 23,604,503 |
| | | Total investments | $ 22,058,679 | $ 23,604,503 |

* A party-in interest as defined by ERISA

See report of independent auditors.